

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 99842 Office of Registrar of Vital Statistics. Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 16 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Graef

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29

Years,

4

Months.

Days, /

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Housewife  
Baltimore City

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 931 E. Preston St.

Cause of Death, { First (Primary),

Pulmonary Tuberculosis

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

One year.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th

Undertaker, Geo Schilling

Place of Business, Ashland Square

H. W. Swanson M.D.

Medical Attendant.

Address, 1821 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 998243

Office of Registrar of Vital Statistics.

Ward 3<sup>rd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 16<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eva Mueller

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age, 63 Years,

1 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

3.8 years

Place of Death, { Give Street and Number. }

127 L Wolfe St

Cause of Death, { First (Primary),

General Dropsey caused by general Debility

Second (Immediate),

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, May 18<sup>th</sup> 87

{ Undertaker, G. Frane

M. D.

Medical Attendant.

{ Place of Business, Bantz & Wolff Address, 209 T. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99844

Office of Registrar of Vital Statistics.

Ward 17<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1901

## CERTIFICATE OF DEATH.

Date of Death,

May 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Kelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, 3 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Farmer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Dress no 824 E. Lexington St.

Cause of Death, { First (Primary), Second (Immediate), }

Pulmonary Tuberculosis

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Rosimer

Date of Burial, May 18

R. J. H. Tall

M. D.

{ Undertaker, B. Hall

Medical Attendant.

{ Place of Business, 118 West St Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

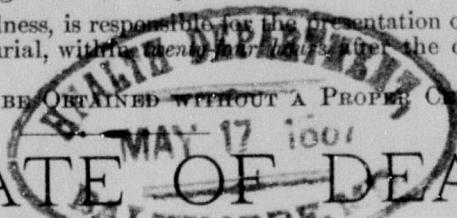
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99845 Office of Registrar of Vital Statistics. Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within one month after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

May 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary M Hutchinson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, Months, - Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Dorchester County

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give Street and Number. }

903 Harford Rd (Harford)

Cause of Death, { First (Primary),

Aphthisis

Second (Immediate),

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial, Ellicott Blvvd

Date of Burial, May 19

Leonard Carter

M. D.

Medical Attendant.

{ Undertaker, B. York

{ Place of Business, 115 West St

Address,

518 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99846 Office of Registrar of Vital Statistics. Ward 13<sup>1</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Florence Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years,

Months,

Days.

Color,

Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Tennessee

Duration of Residence in the City of Baltimore,

17 years

Place of Death, { Give Street and Number. }

1118 Patong str.

Cause of Death, { First (Primary),  
Second (Immediate), }

Phtisis Pulmonalis

Duration of Last Sickness,

2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17<sup>th</sup> 1887

B. S. Zilcom, M. D.

Medical Attendant.

{ Undertaker, Samuel W. Chase

{ Place of Business, 641 S. Howard

Address, 836 W. Balt<sup>o</sup> st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99847 Office of Registrar of Vital Statistics. Ward 12<sup>C</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May, 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clarence F. Brooks.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years,

Months,

Days

Colored -

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death, { Give Street and Number. }

1960 n. Etting St. New Pk 2030

Cause of Death, { First (Primary), }

Marasmus -

Second (Immediate),

Exhaustion -

Duration of Last Sickness,

4 months -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

P. Rickerb

M. D.

Date of Burial, May 17<sup>th</sup> 1887

Medical Attendant.

Undertaker, Alex Hensley

Place of Business, 561 Orchard St

Address, Penna Ave & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99848 Office of Registrar of Vital Statistics. Ward 17<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Catherine Magdalene Holthaus  
 Sex, Male or Female, { Cross out the word not required in this line. } Female  
 Age, 26 Years, Months, Days.  
 Color, white  
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } married  
 Occupation,  
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. city  
 Duration of Residence in the City of Baltimore, since born  
 Place of Death, { Give Street and Number. } 1452 Hull st  
 Cause of Death, { First (Primary), Phthisis Pulmonalis  
Second (Immediate),  
 Duration of Last Sickness, 4 years 6 months  
 All the above information should be furnished by the Physician.  
 Place of Burial, St. Alphonsus Cem.  
 Date of Burial, May 18. 1887  
 { Undertaker, D. Harle  
 Place of Business, 115 West St Address, 1727 E. Balt. st M. D.  
 Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99849

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 17<sup>th</sup>, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ind. B. Schaeck

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

5 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

single

Occupation,

Balto. City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. }

620 Park at

Typhoid fever

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

21 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Con

Date of Burial, May 18<sup>th</sup>

{ Undertaker, M. Laffel

{ Place of Business, 157 S Bond Address, 1727 E. Balt. St.

Medical Attendant, P. G. Lantz - M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99850

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 16<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Helen May Barton,

Sex, Male or Female, { Cross out the word not required in this line.

Age, 1 Years, Months, 14 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death, { Give Street and Number.

No 518 W. Middle St

Cause of Death, { First (Primary),

(Acute) & recurring fits -

Second (Immediate),

Exhaustion

Duration of Last Sickness,

14 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

R. Ricketts, M.D.

Date of Burial, May 18<sup>th</sup> 1887

Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 738 N. Eutaw St Address, Penna Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99857 Office of Registrar of Vital Statistics. Ward 57

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 16 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Gro. Wm Perry Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Stander

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give Street and Number. }

727 Stirling St.

Valvular Disease

Pulmonary Congestion & Ordema

3½ months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, May 18<sup>th</sup> 1887

Undertaker, William Dungen

Place of Business, 150 East St Address,

J. G. Moyses

M. D.

Medical Attendant.

4 St. Ester St

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]